pneumococcal vaccination coverage and factors associated with receiving pneumococcal vaccination in U.S. adults with high-risk conditions empowered by the ACIP recommendation. METHODS: This retrospective observational cohort study included commercially-insured adults aged 19-64 years with newly-diagnosed chronic medical conditions from 2007-2010. Outcomes of interest include pneumococcal vaccination coverage and time from initial diagnosis to pneumococcal vaccination. RESULTS: Among 300,556 U.S. adults with high-risk conditions, 30% had their condition diagnosed by primary care physicians. On average, these adults attended 8.4 clinic visits, 4.4 visits with a hospital emergency department 38.3, 27.3, 6.6, 0.4, and 1.4 times, respectively, during an average 2.6 years of follow-up. Nevertheless, overall pneumococcal vaccination coverage was only 6.9%. Coverage was highest in patients with HIV (32.1%), followed by diabetes (11.2%), chronic lung disease (8.5%), asplenia (6.8%), chronic renal disease (5.9%), and transplant (2.0%). Among those who received pneumococcal vaccination, only 6.9% were vaccinated in the physician’s office (99%), average time from initial diagnosis to vaccination was 469 days, ranging from 198 days for HIV to 576 days for chronic liver disease. Multivariable logistic regression showed that adults who were older, initially diagnosed by primary care physicians, had more conditions or more healthcare encounters were more likely to receive pneumococcal vaccination. CONCLUSIONS: Pneumococcal vaccination coverage in adults with high-risk conditions was far below the Healthy People 2020 objective. Findings suggest missed opportunities continue and better interventions needed to improve pneumococcal vaccination during healthcare encounters for this vulnerable population.

PIN106 DRIVERS AND BEHAVIORS OF ADULTS WHO RECEIVED VACCINATIONS AT DIFFERENT SETTINGS
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OBJECTIVES: Adults are increasingly receiving vaccinations outside of traditional doctor’s office settings. The objective of this study aimed to examine, from the perspective of drivers and behaviors of adult vaccinations across various settings. METHODS: A cross-sectional, self-administered, online survey was conducted in U.S. nationally representative adults aged at least 19 years who received either influenza, pneumococcal, or shingles vaccine within the past two months. The survey measured attitudes, preferences, and behaviors of adults vaccinated at various settings. Descriptive and bivariate analyses were applied to analyze patients’ responses by each vaccine and setting. RESULTS: Among 1,178 qualified respondents, 46.0% were vaccinated at doctor’s office, 37.1% at pharmacy, and the remaining at other clinical or community settings. Other than doctor’s office or pharmacy, the most common alternative setting to receiving vaccination was workplace for influenza vaccine (15%) and our results can be observed in the two or more vaccines concurrently (5.5%) vaccines. Adults were more likely to know about the vaccines offered at the doctor’s office directly from physicians (68.6%), while the majority of adults knew about vaccines offered at the pharmacy seeing from signs in the pharmacy (37.8%). Consistent across all three vaccines, the main drivers for selecting vaccination settings were “This location accepts my insurance”, followed by “This is a location I already visit for other reason” and “I was able to wait for an appointment”. The primary reason for adults among the doctor’s office was “This is a location I already visit for other reasons”, for pharmacy was “The location accepts my insurance”, and for other settings was “Lower out-of-pocket cost”. CONCLUSIONS: Among 3 types of antibodies in US, adults were more likely to get vaccinated at their doctor’s office, pharmacy, and other settings. Further work is needed to understand the drivers and behaviors for receiving vaccination from different settings.

PIN107 PAST TRENDS AND CURRENT CHALLENGES IN THE HEPATITIS C REIMBURSEMENT LANDSCAPE: IS HISTORY REPEATING ITSELF?
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OBJECTIVES: In 2011, the introduction of boceprevir and telaprevir was hailed as a breakthrough in the hepatitis C (HCV) treatment landscape, but these treatments were not widely adopted due to cost and safety concerns. 4 years on, the introduction of newer, more effective therapies (e.g. simeprevir and sofosbuvir) has revolutionized the HCV space. However, cost concerns continue to limit the number of patients being treated with new medicines. To inform future submissions, HCV reimbursement decisions across 5 HTA agencies were assessed and the underlying rationale examined. METHODS: NICE, SMC, PBAC, CADTH, and TIVL were searched for guidance on HCV medicines between December 2010 and December 2014. Recommendations for and rationale behind each decision were extracted. RESULTS: Boceprevir and telaprevir had each been assessed 6 times across the different agencies including resubmissions: PBAC initially rejected both, then restricted both dependent on reduced price at resubmission; CADTH also restricted both dependent on the extrapolation analysis which was accepted by the agencies. Reasons for rejection/restriction of boceprevir and telaprevir included cost-effectiveness concerns, uncertain efficacy in some patient populations, and safety concerns. Resistance surveillance, hospital antibiotic guidelines, and drug price were key factors in all analyses. CONCLUSIONS: Despite higher cure rates achieved with newer treatment options, cost-effectiveness concerns remain the primary reason for rejection or restriction of HCV therapies by HTA agencies. Manufacturers should not assume that high clinical efficacy will equate to reimbursement and treatment uptake, as therapies must also convincingly demonstrate cost-effectiveness as well as justifying budget impact.

PIN108 ASSESSING KNOWLEDGE AND ATTITUDE ABOUT EBOLA IN THE US: A CROSS-SECTIONAL STUDY
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OBJECTIVES: The world's worst outbreak of Ebola occurred in 2014 with 21,296 cases and 8,424 deaths reported in total. The first case of Ebola was recorded on 18th September, 2014 by Centers for Disease Control and Prevention (CDC) in the US. Pharmacists can play an important role in treating Ebola patients. The aim of this study is to assess knowledge and attitude about Ebola among U.S. pharmacy students and practice pharmacists. METHODS: This was an online survey conducted on 30th September by Centers for Disease Control and Prevention. Findings were distributed among third year pharmacy students in a private university in the U.S. before and after delivering an educational Ebola seminar based on the CDC and World Health Organization Ebola fact sheet N103. The questionnaire comprised of 33 questions was divided into three components: demographics (3), Ebola knowledge (25) and attitude about Ebola (5). Paired t test and McNemar test were employed using SPSS version 21. RESULTS: A total of 103 pharmacy students participated in the survey. The study population had a significantly higher increase in Ebola related knowledge about species (p<0.001), incubation period (p<0.001), diagnosis (p<0.001), vaccination (p<0.05), treatment (p<0.001), complications (p<0.001) and immunity (p<0.01). Also, a significant number of study participants had a positive attitude towards treating Ebola patients and believed that Ebola patients should be kept isolated (p<0.05) and communities should actively participate in preventing the spread of Ebola (p<0.05). CONCLUSIONS: Students, upon becoming PharmD professionals can apply the knowledge acquired through this study for effectively treating patients. Focused seminars are a valuable tool to improve student awareness of infectious disease.

PIN109 PROJECT SKANT - STUDY OF ANTIBIOTIC PRESCRIPTION IN COMMUNITY IN SLOVAKIA
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OBJECTIVES: The project SKANT - The School of Antibiotic Therapy它 evaluates trends in antibiotic prescription in the treatment of respiratory diseases, the etiology of infections, antibiotic administration merits focused on Slovakia during first quarter of 2013. Implementation by validate questionnaire study of prescribing in general practice. Methods and general practitioners for children and adolescents in Slovakia. METHODS: According to the evaluated data there is high consumption in the group of penicillins and macrolides. The unjustified prescription of macrolides and cephalosporins due to allergy of patients to penicillins 42.7%. In these respiratory diseases, antibiotics were most frequently indicated: Sinusitis acuta (79.47%), Tonsillopharyngitis acuta (69.78%), Bronchitis acuta and Tracheobronchitis acuta (68.06%) and the most frequently prescribed antibiotics in 26.6% of patients. In 73.5% not used any of these antibodies. CONCLUSIONS: Analysis of treatment with antimicrobial drugs for acute respiratory diseases confirmed the current trend of increasing prescription in Slovakia. Excessive consumption of antibiotics often leads to unwanted spread of antibiotic resistance and increasing effectiveness of existing drugs to fight infections. The solution unfavorable situation is repeated audits of prescribing antimicrobial drugs. Based on the results of our study we suggest prepare educational training for laic and professional public.

PIN110 REAL-WORLD PRACTICE PATTERNS FOR THE TREATMENT OF COMPLICATED SKIN AND SKIN STRUCTURE INFECTIONS IN EUROPE: A RETROSPECTIVE DATABASE ANALYSIS
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OBJECTIVES: Skin and soft tissue infections (SSTIs) are among the most common hospital types with numerous treatment options. While recent research has begun to characterize treatment patterns and associated outcomes, little is known about country-specific practice patterns. The purpose of this analysis was to characterize current practice patterns in the treatment of SSTIs in select European countries. METHODS: A retrospective analysis using Adirington Medical Resources (ARMs) Hospital Antibiotic Market audit January–June 2013. The audit is comprised of data elements including patient demographics, diagnosis, therapy sequence, switching, multi-drug therapy, and drug outcomes. Results: A sample of adult inpatients with SSTIs projected to national volume in Germany (n=427,516), United Kingdom (UK; n=292,265), Italy (n=199,588) and Spain (195,084) were included for analysis. Demographic characteristics included: overall female predominance, mostly elderly, and diagnosis of hospital acquired infection, drug, and drug costs. RESULTS: A sample of adult inpatients with SSTIs projected to national volume in Germany (n=427,516), United Kingdom (UK; n=292,265), Italy (n=199,588) and Spain (195,084) were included for analysis. Demographic characteristics included: overall female predominance, mostly elderly, and diagnosis of hospital acquired infection, drug, and drug costs.